

SERFF Tracking Number:	PRTA-127005203	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	47815
Company Tracking Number:	VICKIE - W225		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-225 01/11		
Project Name/Number:	WC-225 01/11/WC-225 01/11		

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-225 01/11

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-127005203 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: VICKIE - W225

Author: Vickie Jerkins

Date Submitted: 01/27/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/31/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 03/07/2011

State Filing Description:

Implementation Date:

General Information

Project Name: WC-225 01/11

Project Number: WC-225 01/11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Vickie Jerkins

Filing Description:

Form Number.....Form Title

WC-225 01/11.....PART II – Supplemental (application form)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been
submitted to our domiciliary state of Nebraska,
concurrently.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/31/2011

State Status Changed: 01/31/2011

Created By: Vickie Jerkins

Corresponding Filing Tracking Number: PRTA-
127002832

West Coast Life Insurance Company is a subsidiary of Protective Life Insurance Company. Protective Life Insurance Company represents West Coast Life Insurance Company in the submission of the above-referenced forms and will negotiate with state insurance departments for their approval. A separate letter of authorization is not required due to subsidiary status.

<i>SERFF Tracking Number:</i>	<i>PRTA-127005203</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47815</i>
<i>Company Tracking Number:</i>	<i>VICKIE - W225</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>WC-225 01/11</i>		
<i>Project Name/Number:</i>	<i>WC-225 01/11/WC-225 01/11</i>		

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to a SERFF submission for Protective Life Insurance Company.

The intended implementation date for this filing is March 7, 2011 or upon approval by your Department. The above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. The forms submitted in this filing are new and will not replace any forms currently in use. This filing has been submitted to our domiciliary state of Nebraska, concurrently.

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to a SERFF submission for West Coast Life Insurance Company.

The submitted PART II Supplemental application form will be used in conjunction with previously approved base Application: WCL-100 (9/08) approved November 24, 2008. This form will be used to gather additional information to assist underwriting.

This form has achieved a FLESCH Ease of Reading Test Score of 75. This form has been generated in final print format. However, due to rapidly changing technology, we wish to reserve the right to use a different font. In addition, when the application and information are input to the computer system it may result in non-material formatting changes due to the amount of information received; i.e. the size of open narrative sections will vary based on the information supplied by the applicant. The Company will ensure that the formatting of these forms will not allow a disclosure or fraud warning to be split from the signature section. While the formatting of these forms may vary slightly by applicant, the material and content will remain the same.

The only variable fields are related to Company Address – which will only be changed to accurately disclose the Company's correct contact information by Distribution Channel or as updates are required.

Actuarial Materials are not required with this application type filing.

If you need further information to complete the review of this filing, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

Company and Contact

Filing Contact Information

Vickie Jerkins, Policy Contract Filing Specialist vickie.jerkins@protective.com

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2801 Highway 280 South 800-866-3555 [Phone] 5514 [Ext]
Birmingham, AL 35223 205-268-3401 [FAX]

Filing Company Information

West Coast Life Insurance Company CoCode: 70335 State of Domicile: Nebraska
2801 Highway 280 Group Code: 458 Company Type: Life Insurance
Birmingham, AL 35223 Group Name: State ID Number:
(800) 866-3555 ext. [Phone] FEIN Number: 94-0971150

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 PER FORM
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	01/27/2011	44142132

<i>SERFF Tracking Number:</i>	<i>PRTA-127005203</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>WC-225 01/11/WC-225 01/11</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/31/2011	01/31/2011

<i>SERFF Tracking Number:</i>	<i>PRTA-127005203</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/31/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTA-127005203</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variables		Yes
Form	PART II – Supplemental		Yes

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Form Schedule

Lead Form Number: WC-225 01/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WC-225 01/11	Application/ PART II – Enrollment Supplemental Form	Initial		75.000	WC-225 01_11.pdf

PART II - SUPPLEMENTAL

Proposed Insured _____		Date of Birth: _____	
First Name	M.I.	Last Name	

<p>1. Has the Proposed Insured been diagnosed with or been treated within the past 10 years for:</p> <p>a) Alzheimer's disease or dementia, memory loss, Mild Cognitive Impairment (MCI), or organic brain syndrome? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Connective Tissue, Lupus or other auto-immune disorder? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Nervous disorders such as seizures, fainting spells, Parkinson's disease, tremor, ALS, Multiple Sclerosis Aphasia or other disorders of the brain or nervous system? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>d) Any history of fractures or falls? Yes No <input type="checkbox"/> <input type="checkbox"/></p>	<p>4. Does ANYONE help the Proposed Insured with: Getting around inside the home, getting into and out of bed or a chair, bathing, dressing, toileting or eating? Yes No <input type="checkbox"/> <input type="checkbox"/> (If "Yes", identify the helper and give details)</p> <p>5. Is the Proposed Insured's activity limited by shortness of breath or pain? (If "Yes", explain) Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>6. How far can the Proposed Insured walk without needing to stop and rest on level ground? a) 50 feet or 1/2 block. (If "Yes" how long would it typically take to walk this distance in seconds? Yes No <input type="checkbox"/> <input type="checkbox"/> b) 100 feet or one block. Yes No <input type="checkbox"/> <input type="checkbox"/> c) 400 feet (four blocks) Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. Has the Proposed Insured been:</p> <p>a) Declined, refused, rated or turned down for life insurance, long-term care insurance, medical or disability insurance? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Required to have home care, nursing home care, or adult care for any reason within the past 12 months? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Advised to enter, planning to reside in, or currently residing in a nursing home, assisted care living facility, or other custodial facility? Yes No <input type="checkbox"/> <input type="checkbox"/></p>	<p>7. Details for "Yes" or "No" answers contained in questions 3 through 6 (If additional space is needed, please use the Continuation of Information form):</p>
<p>3. Does the Proposed Insured:</p> <p>a) Use one of the following medical devices: walker; wheelchair; hospital bed; quad cane; oxygen; stair lift; or dialysis? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Participate in any type of exercise program? (If "Yes", provide type and frequency) Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Drive a motor vehicle? (If "Yes", provide the number of miles driven in the past 12 months. If "No", what date did you last drive and why did you stop driving?) Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>d) Manage finances, including paying bills, writing checks and balancing the check book? (If "No", identify what activities require assistance, who provides it and why it is needed.) Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>e) Perform regular household tasks including cooking, cleaning, laundry, shopping, yard work? (If "No", identify what activities require assistance, who provides it and why it is needed.) Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>f) Live alone? (If "No", who do you live with?) Yes No <input type="checkbox"/> <input type="checkbox"/></p>	

The above statements and answers are true and complete to the best of my knowledge and belief.

Signed at: _____ (City) _____ (State) Date: _____		
Witness _____	Proposed Insured _____	

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
Readability Certification.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
John Doe Example			
Attachment:			
WC-225 01_11 (JohnDoe).pdf			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables		
Comments:			
Attachment:			
Statement of Variables.pdf			

West Coast Life Insurance Company
PO BOX 10648
Birmingham, AL 35202-0648



NAIC 458-70335
FEIN 94-0971150

READABILITY CERTIFICATION

Regarding: **Form Number** **Form Title**
WC-225 01/11 Part II Supplemental (Application)

This is to certify that the enclosed forms (and the corresponding state specific variations) have been created using fonts of 10 point or greater and have achieved compliance with the requirements for the FLESCH Ease of Reading Test, with scores as outlined in the following table.

Words:	439
Sentences:	26
Syllables:	591
FLESCH Score:	<u>75.8051</u>

Keith Kirkley, J.D., MBA
Assistant Vice President
West Coast Life Insurance Company
Product Development
Contract Drafting & Filing Team

January 25, 2011

PART II - SUPPLEMENTAL

Proposed Insured	John	Q.	Doe	Date of Birth: 07/14/1938
	First Name	M.I.	Last Name	

<p>1. Has the Proposed Insured been diagnosed with or been treated within the past 10 years for:</p> <p>a) Alzheimer's disease or dementia, memory loss, Mild Cognitive Impairment (MCI), or organic brain syndrome? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b) Connective Tissue, Lupus or other auto-immune disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c) Nervous disorders such as seizures, fainting spells, Parkinson's disease, tremor, ALS, Multiple Sclerosis Aphasia or other disorders of the brain or nervous system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>d) Any history of fractures or falls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has the Proposed Insured been:</p> <p>a) Declined, refused, rated or turned down for life insurance, long-term care insurance, medical or disability insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b) Required to have home care, nursing home care, or adult care for any reason within the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c) Advised to enter, planning to reside in, or currently residing in a nursing home, assisted care living facility, or other custodial facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Does the Proposed Insured:</p> <p>a) Use one of the following medical devices: walker; wheelchair; hospital bed; quad cane; oxygen; stair lift; or dialysis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Participate in any type of exercise program? (If "Yes", provide type and frequency) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Drive a motor vehicle? (If "Yes", provide the number of miles driven in the past 12 months. If "No", what date did you last drive and why did you stop driving?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Manage finances, including paying bills, writing checks and balancing the check book? (If "No", identify what activities require assistance, who provides it and why it is needed.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Perform regular household tasks including cooking, cleaning, laundry, shopping, yard work? (If "No", identify what activities require assistance, who provides it and why it is needed.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>f) Live alone? (If "No", who do you live with?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>4. Does ANYONE help the Proposed Insured with: Getting around inside the home, getting into and out of bed or a chair, bathing, dressing, toileting or eating? (If "Yes", identify the helper and give details) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Is the Proposed Insured's activity limited by shortness of breath or pain? (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. How far can the Proposed Insured walk without needing to stop and rest on level ground?</p> <p>a) 50 feet or 1/2 block. (If "Yes" how long would it typically take to walk this distance in seconds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) 100 feet or one block. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) 400 feet (four blocks) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Details for "Yes" or "No" answers contained in questions 3 through 6 (If additional space is needed, please use the Continuation of Information form):</p> <p>1.d) and 3.a) Fell on ice/snow November 2010. Occasionally use a quad cane when out alone during bad weather.</p> <p>3.b) Exercise at Y for water aerobics and Zumba twice a week.</p> <p>3.c) Approximately 25 miles per week x 52 weeks = 13,000</p> <p>3.e) I do not do my own yard-work. Able to complete other task without assistance.</p> <p>3.f) Live with spouse, Jane Doe.</p>
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The above statements and answers are true and complete to the best of my knowledge and belief.

Signed at: Anycity	(City)	AA	(State)	Date: 05/05/2011
<i>Be A Witness</i>		<i>John Z. Doe</i>		
Witness		Proposed Insured		

West Coast Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-70335
FEIN 94-0971150

Statement of Variability

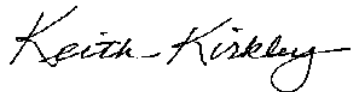
Form: WC-225 01/11 and state variations

Administrative Address – Accurately disclose Company information by Distribution Channel or as updates are required.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive, flowing style.

Keith Kirkley, JD, MBA
Assistant Vice President
West Coast Life Insurance Company
Product Development
Contract Drafting & Filing Team
January 25, 2011